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|---|--|---|--------------------------------------|--|---|--|---|---|----------------------------|---------------------|--|------------------------|--|
| ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.) | | | | | | Form Approved OMB No. 0704-0187 Expires Jun 30, 1997 | | PAGE 1 OF 4 | | | | | |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. | | | | | | | | | | | | | |
| PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6. | | | | | | | | | | | | | |
| 1. CONTRACT/PURCH ORDER NO. N00383-01-G-015N | | | 2. DELIVERY ORDER NO. UZ5D | | 3. DATE OF ORDER (YYMMDD) 2003 SEP 12 | | 4. REQUISITION/PURCH REQUEST NO. YPC03231000505 | | 5. PRIORITY DOC9 | | | | |
| 6. ISSUED BY CODE SP0700 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil | | | | 7. ADMINISTERED BY (If other than 6) CODE S0707A DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131 CRITICALITY: B | | | | 8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other) | | | | | |
| 9. CONTRACTOR CODE 78286 NAME AND ADDRESS SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129 | | | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 180 DAYS ADO | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | | | | |
| | | | | | | 12. DISCOUNT TERMS NET 30 days | | | | | | | |
| | | | | | | 13. MAIL INVOICES TO See Block 15 | | | | | | | |
| 14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6 | | | | 15. PAYMENT WILL BE MADE BY CODE HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: T | | | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | | | | | |
| 16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2003 SEP 04, Mr. John Lonergan and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | | |
| NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150 | | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/SERVICE | | | | 20. QUANTITY ORDERED/ACCEPTED* | | 21. UNIT | | 22. UNIT PRICE | | 23. AMOUNT | |
| | | Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. | | | | TOTAL: 1 | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | 24. UNITED STATES OF AMERICA C. Bartholemew PNNANQ BY:  | | | | 25. TOTAL \$ 880.90 | | | | | |
| 26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | | | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | | 27. CONTRACTING/ORDERING OFFICER OTHER NO. | | 29. DIFFERENCE | | 30. INITIALS | |
| 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | | | | 32. PAID BY | | | | 33. AMOUNT VERIFIED CORRECT FOR | | 34. CHECK NUMBER | | 35. BILL OF LADING NO. | |
| 37. RECEIVED AT | | 38. RECEIVED BY (Print) | | 39. DATE RECEIVED (YYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | | | |

CONTINUATION SHEET

Order Number:

N00383-01-G-015N-UZ5D

PAGE OF PAGES

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SECTION B

PR YPC03231000505

CAGE/PN 78286 7050002059

CAGE SDC NAME - ADDRESS
78286 A 6900 MAIN ST
STRATFORD CT 06615-9129
203-383-7833

ITEM DESCRIPTION:

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | YPC03231000505 | 0001 | 1 | EA | \$880.90000 | \$880.90 |

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

NOTE: 9/12/03

SIKORSKY AIRCRAFT REFERENCE QUOTE NUMBER: #AQ 3VP 2003 DA#

SIKORSKY AIRCRAFT DATE OF QUOTE: 4 SEPTEMBER 2003

USE P/N: 70500-02059-060 REPLACES 70500-02059-101

ITEM: SUPPOET ASSY

COMPANY: SIKORSKY AIRCRAFT
POC: MR. JOHN LONERGAN
PHONE: 1 203 386 7433
FAX: 1 203 386 7928
EMAIL: JLongeran@SIKORSKY.com

NOTE 2:

THE FOLLOWING STATEMENT IS BEING ADDED, PER YOUR REQUEST:

"The issuance of this purchase order acknowledges acceptance of Sikorsky Aircraft Corporation's standard terms conditions of sales for Government subcontracts and supersedes any other or additional terms otherwise stated herein".

CONTINUED ON NEXT PAGE

SECTION B

NOTE 3:

SIKORSKY is Authorized to ship less NSN if one has not be assigned.

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 MAR 10

PARCEL POST ADDRESS:

W25N14
XU CONSOL AND CONTAINERIZATION PT
DDSP NEW CUMBERLAND FACILITY
BLDG 2001 CCP DOOR 135 THRU 168
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) WK4SRM32196603 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 1
SUP ADD WK4GFY SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GFY
SR 0000 TC HHC 02 AUG
UNIT 29719
AWCF SSF
APO AE 09028

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV 2A FC UB

CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

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